

*Helen Keller Elementary School
500 Lincoln Street
Franklin, MA 02038
Tel. 508-553-0322 Fax 508-541-2109*

*Julie Vincentsen
Principal*

*Marguerite Almanas, RN
School Nurse*

Release of Information

Student's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone No. _____

School: _____ Grade: _____

- I authorize permission for _____ to release and exchange information and records with the Franklin Public School Nurse.

- I authorize the Franklin Public School Nurse to engage in verbal conversations with _____ regarding my child.

For purposes of: **management of student's health concerns.**

Signature of Parent/Guardian

Date